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PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

1-01

UTILITY
PATENT APPLICATION
TRANSMITTAL

UTILITY

Gastroslomy Device Package and Method of Assembly

Trible

Attorney Docket No.

First Inventor

Gastroslomy Device Package and Method of Assembly

Trible

Gastroslomy Device Package and Method of Assembly

TRANSMITTAL	Title Gastrostomy Device Package and Method of Assembly		
(Only for new nonprovisional applications under 37 CFR 1.53(b))	Express Mail Label No. EL649707881US		
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Box Patent Application		
Fee Transmittal Form (e.g., PTO/SB/17)	7. CD-ROM or CD-R in duplicate, large table or		
(Submit an original and a duplicate for fee processing)     Applicant claims small entity status.	Computer Program (Appendix)		
2. See 37 CFR 1.27.	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		
3. Specification [Total Pages 23]	a. Computer Readable Form (CRF)		
<ul> <li>Descriptive title of the invention</li> <li>Cross Reference to Related Applications</li> </ul>	b. Specification Sequence Listing on:		
<ul> <li>Statement Regarding Fed sponsored R &amp; D</li> </ul>	i. CD-ROM or CD-R (2 copies); or		
Reference to sequence listing, a table,     or a computer program listing appendix	ii. ☐ paper D 💆		
- Background of the Invention	c. Statements verifying identity of above copies		
- Brief Summary of the Invention - Brief Description of the Drawings (if filed)	ACCOMPANYING APPLICATION PARTS		
- Detailed Description	9. Assignment Papers (cover sheet & document(s))		
- Claim(s) - Abstract of the Disclosure	37 CER 3 73/h) Statement D. Power of		
- Abstract of the biscosure	10. (when there is an assignee) Attorney  11. English Translation Document (if applicable)		
Branning(s) (so o.c.o. 115) [ Total Sheets	Information Disabases C. Copies of IDS		
5 Oath or Declaration [Total Pages 2 ]	12. Statement (IDS)/PTO-1449 Citations		
a. Newly executed (original or copy)	13. Preliminary Amendment		
Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed)	14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)		
i. DELETION OF INVENTOR(S)	15. Certified Copy of Priority Document(s) (if foreign priority is claimed)		
Signed statement attached deleting inventor(s)			
named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	(b)(2)(B)(i). Applicant must attach form PTO/SB/35		
6. Application Data Sheet. See 37 CFR 1,76	or its equivalent.		
	17. V Outon		
<ol> <li>If a CONTINUING APPLICATION, check appropriate box, and support in an Application Data Sheet under 37 CFR 1,76;</li> </ol>	ly the requisite information below and in a preliminary amendment,		
Continuation Divisional Continuation-in-part (CIP)	of prior application No · /		
Prior application information. Examiner	Group Art Unit:		
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the	e prior application, from which an eath or declaration is supplied under		
Box 5b, is considered a part of the disclosure of the accompanying continue. The incorporation can only be relied upon when a portion has been inadver	ation or divisional application and is hereby incorporated by reference, tently omitted from the submitted application parts.		
19. CORRESPONDENCE ADDRESS			
Customer Number or Bar Code Label  (Insert Circlamer No. or Atlach box	crids label hers) cr Correspondence address below		
Name			
Address			
City	State Zip Code		
Country Tele	phone Fax		
Name (Print/Type) Jeffrey J_Sopko	Registration No. (Attorney/Agent) 27676		
Signature / M. a.a. /	Date 12/10/2001		
urrian Hour Statement This form is a state of the first Mary 15-	Date   12/13/2001		

Burden Hour Statement: This form is estimated by the dry hours to complete Time walkery depending upon the needs of the individual case. Any comments on the amount of time you are required to cooped this type proud be kent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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Lo a collection of information unless it displays a valid OMB control number.

Complete if Known

## Under the Paperwork Reduction Act of 1995, no persons are required to re-**FEE TRANSMITTAL** for FY 2002

Dr. George J. Picha First Named Inventor Patent fees are subject to annual revision. **Examiner Name** Group Art Unit TOTAL AMOUNT OF PAYMENT (\$) 452.00 Attorney Docket No. 29462

Application Number

Filing Date

METHOD OF PAYMENT	FEE CALCULATION (continued)	
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:	3. ADDITIONAL FEES	
Deposit	Large Small	
Account Number 16-0820, Order # 29462	Entity Entity Fee	F D-1-1
Deposit Pearne & Gordon LTP	Code (\$) Code (\$)	Fee Paid
Account Name	105 130 205 65 Surcharge - late filing fee or oath	
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	127 50 227 25 Surcharge - late provisional filing fee or cover sheet	
Applicant claims small entity status.	139 130 139 130 Non-English specification	
See 37 CFR 1.27  2. Payment Enclosed:	147 2,520 147 2,520 For filing a request for ex parte reexamination	
Check Credit card Money Other	112 920* 112 920* Requesting publication of SIR prior to Examiner action	
FEE CALCULATION	113 1,840* 113 1,840* Requesting publication of SIR after     Examiner action	
1. BASIC FILING FEE	115 110 215 55 Extension for reply within first month	
Large Entity Small Entity Fee Fee Fee Fee Description	116 400 216 200 Extension for repty within second month	
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	117 920 217 460 Extension for reply within third month	
101 740 201 370 Utility filing fee 370 00	118 1,440 218 720 Extension for reply within fourth month	
106 330 206 165 Design filing fee	128 1,980 228 980 Extension for reply within fifth month	
107 510 207 255 Plant filing fee	119 320 219 160 Notice of Appeal	
108 740 208 370 Reissue filing fee	120 320 220 160 Filing a brief in support of an appeal	
114 160 214 80 Provisional filing fee	121 280 221 140 Request for oral hearing	
SUBTOTAL (1) (\$) 370.00	138 1,510 138 1,510 Petition to institute a public use proceeding	
2. EXTRA CLAIM FEES	140 110 240 55 Petition to revive - unavoidable	
Fee from	141 1,280 241 640 Petition to revive - unintentional	
Extra Claims below Fee Paid  Total Claims 20 -20** = 0 x 9.00 = 0.00	142 1,280 242 640 Utility issue fee (or reissue)	
Independent 4 arr 4 × 40.00 43.00	143 460 243 230 Design issue fee 144 620 244 310 Plant issue fee	
Claims	I	
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Fee Fee Fee Fee Description Code (\$) Code (\$)	126 180 126 180 Submission of Information Disclosure Stmt	
103 18 203 9 Claims in excess of 20	581 40 581 40 Recording each patent assignment per property (times number of properties)	40.00
102 84 202 42 Independent claims in excess of 3 104 280 204 140 Multiple dependent claim, if not paid	146 740 246 370 Filling a submission after final rejection (37 CFR § 1.129(a))	
109 84 209 42 ** Reissue independent claims over original patent	149 740 249 370 For each additional invention to be examined (37 CFR § 1.129(b))	
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	179 740 279 370 Request for Continued Examination (RCE)	
and over original patent	169 900 169 900 Request for expedited examination of a design application	
SUBTOTAL (2) (\$) 42.00	Other fee (specify)	
**or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 40	0.00

SUBMITTED BY Name (Print/Type) Jeffrey J. Telephone (216)579-1700 Signature 12/10/2001

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## CERTIFICATE OF EXPRESS MAILING

Applicant:

Dr. George J. Picha et al.

Title:

"GASTROSTOMY DEVICE PACKAGE AND METHOD OF ASSEMBLY"

Attorney's Docket No .:

29462

"Express Mail" mailing label number \_\_EL649707881US

Date of Deposit \_\_\_\_\_ December 10, 2001

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Amanda Wittine

Printed Name of Person Mailing Paper or Fee

Signature of Person Mailing Paper or Fee